

APPENDIX J

**FFS MILEAGE REIMBURSEMENT FORM
FOR FFS INDEPENDENT SERVICE PROVIDERS**

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MILEAGE REIMBURSEMENT FOR FFS INDEPENDENT SERVICE PROVIDERS

Description. AHCCCS will cover mileage reimbursement for independent providers furnishing home and community based services to ALTCS Native American members who are in the FFS program and living and receiving services on-reservation. The provider must be registered with AHCCCS and services must be approved and prior authorized by the ALTCS case manager. Mileage reimbursement rates will be determined by the AHCCCS Division of Health Care Management (Reinsurance and Reimbursement Unit).

Amount, Duration and Scope. Independent providers furnishing services on-reservation will be reimbursed for daily mileage in excess of 25 miles from their origination point.

1. Reimbursement mileage includes mileage incurred while a registered provider is:
 - a. Providing HCBS as an independent provider to an ALTCS FFS member
 - b. Traveling to or from a member's residence within the mileage reimbursement parameters as defined above.
2. Providers will be reimbursed for mileage when delivering services in the following categories:
 - a. Nursing
 - b. Home health aide
 - c. Personal care
 - d. Homemaker
 - e. Attendant care.

The provider must provide a copy of the mileage reimbursement form to the member's case manager for review prior to submitting claims to AHCCCS. The case manager authorizes the services on the Client Assessment Tracking System (CATS) CA165 screen, Service Plan. The provider then submits the appropriate mileage bills to AHCCCS Claims for processing.

This form is available on the AHCCCS Web site at www.ahcccs.state.az.us.

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INDEPENDENT PROVIDER MILEAGE REIMBURSEMENT CLAIM FORM

TRIBE : _____

Provider Name/AHCCCS ID Number:			Month & Year: ²			
Driver License Number:			Car License Number:			
Date ³	Member Name, AHCCCS ID, and Address/Location ⁴	Odometer Start	Odometer End	Total Miles	Minus 25 Miles	Reimbursable Miles ⁵
					-25	
					-25	
					-25	
					-25	
					-25	
Total Reimbursable Miles:						
Number of Reimbursable Miles		X State reimbursement rate per mile = \$		Reimbursement		

¹ Use as many pages as necessary to record the entire activity for one month. On each page in this area enter the page number and the total number of pages needed to complete the form, for example, Page 1 of 5, Page 2 of 5, etc.

² Only use one form per month, for example, use one form for January and a different form for February.

³ Use a new line to record the entire activity for each new date.

⁴ Indicate the NAME, AHCCCS ID and ADDRESS of EACH member served on that date.

⁵ For each date AHCCCS will pay mileage to provider after the provider has traveled 25 miles. Multiple days cannot be added together to reach a total of 25 miles. Mileage for each date is only reimbursed when the provider has traveled over 25 miles to and from ALTCS Fee-for-Service Members' homes.